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Nixon & Vanderhye PC.
ATTORNEYS AT LAW11TH FLOOR
901 NORTH GLEBE ROAD
ARLINGTON, VIRGINIA 22203-1808TELEPHONE: (703) 816-4000
FACSIMILE: (703) 816-4100
WRITER'S DIRECT DIAL NUMBER:
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Atty Dkt.: 117-654
Your Ref.: _____ Date: January 22, 2008
To: Examiner Portner, V.A. - TC/AU: 1645
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From: Mary J. Wilson

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Mary J. Wilson
Mary J. Wilson

ATTACHMENT/S: **OFFICIAL AMENDMENT, PTO/SB/08a FORM, REFERENCE
AND CREDIT CARD PAYMENT FORM**

In re Patent Application of:

CUTTING, Simon M.
Serial No. 10/506,749
Filed: June 27, 2005
For: RECOMBINANT SPORES

CONFIDENTIALITY NOTE

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In re Patent Application of

Atty MJW-117-654

Dkt.

C# M#

CUTTING, Simon M.

TC/A.U. 1645

Serial No. 10/506,749

Examiner: Portner, V.A..

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Title: RECOMBINANT SPORES

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.**

Fees are attached as calculated below:

Total effective claims after amendment 0 minus highest number
previously paid for 20 (at least 20) = 0 x \$50.00 \$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment 0 minus highest number
previously paid for 3 (at least 3) = 0 x \$210.00 \$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add
\$370.00 (1203)/\$185.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)
One Month Extension \$120.00 (1251)/\$60.00 (2251)
Two Month Extensions \$460.00 (1252)/\$230.00 (2252)
Three Month Extensions \$1050.00 (1253)/\$525.00 (2253)
Four Month Extensions \$1640.00 (1254)/\$820.00 (2254)
Five Month Extensions \$2,230.00 (1255)/\$1115.00 (2255) \$ 460.00

Terminal disclaimer enclosed, add \$130.00 (1814)/ \$65.00 (2814) \$

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 180.00

Assignment Recording Fee \$40.00 (8021) \$ 0.00

Other: \$ 0.00

TOTAL FEE \$ 640.00

☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
MJW:tat

NIXON & VANDERHYE P.C.
By Atty: Mary J. Wilson, Reg. No. 32,955

Signature:

Mary J. Wilson

01/24/2008 EHAILE1 00000057 10506749

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460.00 0P

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By Atty: Mary J. Wilson, Reg. No. 32,955Signature: Mary J. Wilson